

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90036 025 \*\*\*\*50.00

DOCUMENT # L04000035906

1. Entity Name

CROFUT'S LANDSCAPE MATERIALS, L.L.C.



Principal Place of Business *Change* Mailing Address *Change*  
5750 FRUITVILLE RD. 5750 FRUITVILLE RD.  
SARASOTA FL 34232 SARASOTA FL 34232

*310 EAST RD - 34240* *310 EAST Rd 34240*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*SARASOTA, FL*

*SARASOTA, FL*

Zip *34240*

Country *SARASOTA*

Zip *34240*

Country

4. FEI Number 52-2274862

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGINNESS, W. LEE  
1800 SECOND STREET, STE. 971  
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME CROFOT, BYRON - *Spelling & Change*  
STREET ADDRESS 5750 FRUITVILLE RD  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☒ Change ☐ Addition  
NAME CROFUT, Byron  
STREET ADDRESS 310 EAST Rd  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE **VP** ☐ Delete  
NAME CROFOT, LUELLA M *Spelling & Change*  
STREET ADDRESS 5450 FRUITVILLE RD  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☒ Change ☐ Addition  
NAME CROFUT, Luella M.  
STREET ADDRESS 310 EAST Rd  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Luella Crofut*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4-12-06*

Date

*941 371-2132*

Daytime Phone #